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Hunger elimination: Missing the target

Goal 1 of the Millenium Development Goal has the lofty and noble ideal of cutting in half the number of people living on less than a dollar a day, and consequently, the number of undernourished from 800 million to 400 million by 2015.

Seven years before the deadline, the global community is nowhere near achieving these goals. In its 2005 "The State of Food Insecurity in the World," the Food and Agricultural Organization warned that progress "has been very slow and the international community is far from reaching its hunger reduction targets and commitments."

If anything, the global community cannot be faulted for lack of trying in combating the problem of hunger; rather, the slow progress can be traced to the community's unwillingness to come up with socio-political and economic solutions. This issue's editorial, " Nutrition in Asia and the Pacific: an ugly portrait," reiterates that hunger and malnutrition are not just health issues - these twin issues are also socio-political and economic in nature.

Compounding the problem of malnutrition is the rising incidences of obesity and micronutrients deficiency. The article "Obesity in the Asia-Pacific region" highlights this growing problem, particularly in the Pacific region where cultural beliefs and a changing food consumption pattern conspire to make obesity a serious health threat. "The pangs of hidden hunger," on the other hand, provides an overview of micronutrients deficiency.

"Drop of life" looks at the importance of water - a non-food item - in the fight against malnutrition. The problem though is that the world is facing the real threat of water scarcity. The challenge is to manage this precious resource in an equitable and sustainable manner.

The last two articles, "Melamine scare: a wake-up call for a return to nutrition basics" and "Back to nutrition basics" are contributed by the Malaysia-based Consumers' Association of Penang. The articles urges consumers to take a more pro-active stance in ensuring their own nutritional well-being.

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Nutrition in Asia and the Pacific:

An Ugly Portrait

By Katharina Anne D. Berza and Ross Mayor

Malnutrition is as much a political problem as it is a health problem.

Food and nutrition are human rights. International caucuses such as the 1989 Convention on the Rights of the Child enshrine these and thus deem governments as duty-bound in ensuring that the right to food and nutrition, as part of the overall well-being of a person, is achieved by all of its citizens.

Much as food and nutrition are regarded as basic human rights, the problem of malnutrition persists in many Asian countries. In fact, the concentration of malnutrition in Asia is greatest compared to anywhere else in the world. The Asian Development Bank reports that one in three pre-school children is stunted, rising to one out of every two children in the countries of South Asia such as India, Bangladesh, and Nepal.

The most painful subject with regard to under nutrition is the human cost. In 1999 alone, an estimated 2.8 million child deaths in nine low-income Asian countries, or 51 percent of child deaths were associated with malnutrition. (The countries included are Bangladesh, Cambodia, PRC, India, Lao PDR, Nepal, Pakistan, Sri Lanka, and Vietnam). Different economic, political, and cultural characteristics in the region portray different faces of malnutrition.

In many countries of the Asia-Pacific Region, under nutrition is the most common. In some areas however, there are also incidences of over nutrition.

Under nutrition and over nutrition?

Under nutrition is a deficiency of calories or of one or more essential nutrients. When individuals are undernourished, they can no longer maintain natural body capacities such as growth, resisting infections and recovering from disease, learning and physical work, and pregnancy and lactation in women.

Malnutrition is commonly understood as synonymous to under nutrition. But technically, malnutrition also refers to over nutrition like in the current epidemic of obesity and related diseases such as diabetes.

Malnutrition occurs at all stages of the life cycle. Mothers suffering from under nutrition are more likely to give birth to stunted and thin babies. These children have very low probability of catching-up on the ideal height and weight ratio in the subsequent years. Consequently, their mental, physical, and social development lags behind and become less and less productive. Under nutrition becomes a vicious cycle unless decisive interventions are undertaken among least served populations.

The politics of nutrition

An essential aspect of combating a problem is to understand its nature. Otherwise, solutions will only prove to be artificial and futile. Malnutrition is as much a political problem as it is a health problem. One of the ironies in many agricultural societies is that the food producers themselves are the most malnourished.

In both faces of malnutrition, access to basic health care and the capacity to obtain nutritious food increasingly become far-fetched for millions of families who live on a hand to mouth existence. The problem of malnutrition lies largely upon vulnerable populations due to very limited economic choices in life.

In developing countries, most food producers are either mere farmer-tenants or subsistence farmers who almost always end up with nothing after harvesting their produce.

The lack of government support and key infrastructures, as well as the rising cost of farm inputs pushed many farmers to leave their land idle due to lack of farming capital (Ibon, 2008). In the Philippines, studies show that only 25 percent of rice paddies are irrigated while only two percent of the farmlands are mechanized. This problem is compounded by erroneous government economic and political policies. For instance, land conversion has seen at least 10,000 hectares being converted into agro-industrial and commercial land. Large tracts of existing agricultural lands have been devoted to planting high value crops such as cut flowers, all of which tend to satisfy demands in the international market - to the neglect of the local demands for basic staples such as corn and rice. To fill the rising demand for basic food staples, the government embarked on food importation. However, this does not address the need for food security. In early 2008, the global downfall in rice production led to a rice shortage in the crisis.

"The government's import dependence and indifference to the needs of millions of poor farmers is comparable to prescribing medicines that merely relieve symptoms instead of diagnosing the real causes of disease," said Dr. Eleanor Jara, executive director of the Philippine-based Council for Health and Development..

Rising food prices

The International Fund for Agricultural Development (IFAD) estimated that for every one percent increase in food prices, 16 million people are threatened with food insecurity. In Tajikistan, the high cost of food has been identified as one of the reasons for its food security problem. The Food and Agricultural Organization has identified the Central Asian nation as one of the 22 countries with increased vulnerability to food prices.

The causes of soaring food prices are varied, but one of the reasons cited is the changing weather patterns, which has resulted in the triple burden of drought, flood, and frosting.

Malnutrition Hotspots in Asia

Country	% of children underweight or malnourished
Bangladesh	48
Cambodia	45
India	49
Indonesia	28
Laos	40
Mongolia	13
Philippines	28

The global food industry

Globally, food consumption pattern is shifting to Western diet, brought in part by the aggressive marketing – and lobbying – of the international food industry. In the case of the Pacific region, the shift in their diet is said to be one of the reasons for the growing number of obese islanders.

When it comes to protecting their own interests, the global food and beverage industry can be quite rabid. In 2003, the World Health Organization (WHO), together with the Food and Agricultural Organization (FAO) published a technical report entitled "Diet, Nutrition, and the Prevention of Chronic Diseases." A contentious issue in the publication was its recommendation that sugar consumption should not exceed 10 percent of the daily diet. The response of the industry, particularly the sugar lobby, was nothing short of an arm-twisting: in a letter, it threatens the WHO that it would lobby the Congress to withhold the organization's fund unless "the organisation accepts that all reports must be supported by the preponderance of science."

The industry also exerts a considerable influence in key global health institutions. The International Life Science Institute, an industry-funded group, has a special consultative status at the FAO and an NGO observer-status at the WHO, although the latter banned ILSI from participating in deliberations concerning microbiological or chemical standards for food and water after cause-oriented groups protested its inclusion.

Continuing challenge

The problem on malnutrition goes beyond the people's inability to provide their families with nutritious food. Food fortification or feeding programs will not address the problem but will only provide artificial solutions and encourage incorrect eating habits. Governments should seriously consider identifying the root causes of the problem and laying out solutions guided by a strong political will to make a significant difference in eradicating malnutrition.

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Table source: Asian Development Bank figures, http://www.adb.org/Documents/Books/Key_Indicators/2007/default.asp

Photo: Katha Berza

Obesity in the Asia-Pacific Region

by Barny Rivera

Long ignored as a valid health concern, obesity threatens to become a pandemic in the Pacific.

With much of the focus resting on under-nutrition and micronutrients deficiency, it is easy to dismiss obesity as nothing but a disease peculiar to affluent nations. However, experts warned that obesity is reaching an epidemic proportion, and should thus be treated as a valid health concern.

Consider these statistics: in 2005, 1.6 billion adults over the age of 15 are overweight and at least 400 million of this number is obese. By 2015, the World Health Organization calculates the number of overweight adults to increase to 2.3 billion, with 700 million of them clinically obese. Each year at least 2.6 million people die from health complications resulting from all the excessive weight.

A rising health concern

Before its current alarming rate, excessive weight gain is a problem apparent only in high-income countries. Eventually, developing countries partake in the global shift in diet towards an increased intake of energy-dense foods that are high in fat and sugars but low in vitamins, minerals and other micronutrients. This is coupled with decreased physical activity due to increasing urbanization, wherein once rural communities enjoy the comforts of modern technology in their work and transportation.

In the Asia-Pacific region, people shifted from traditional food staples toward Westernized, high-fat food. Local consumption of vegetables, fruits and root crops decreased while that of mutton flaps, turkey tails, vegetable oils and fried foods rose, as well as high intakes of alcohol, soft drinks and confectionery. Dietary surveys imply that in some islands over half of all food energy comes from fat. Not surprisingly, imported foods comprise between 30 and 90 percent of all foodstuffs eaten in the Pacific.

With the Pacific Islanders' unhealthy diet comes a decline in their physical activities. Manual farming and fishing laborers plummeted in number while reliance on motors for travel grew. Urban crowding, unemployment and family breakdown increased violence and crime, discouraging activity in certain areas or at particular times because of safety hazards.

For these reasons, some of the highest levels of adult obesity in the world are found in the Pacific Islands, higher than those found in the USA. Obesity rates range from around two percent of the adult population in highland Papua New Guinea to nearly 80 percent in Nauru. In most communities the rate of obesity is above 20 percent, exceeding the level in more developed countries such as Australia.

There are conflicting views regarding obesity as an imminent health problem. In a culture where being "big"

is seen as a symbol of health, well-being, status and beauty, excessive fat is not associated with diseases or even death. In the past, being overweight may have saved people during phases of starvation and infectious diseases. Today, it merely contributes to the most common illnesses of diabetes and heart disease.

Health complications

Coronary heart disease and stroke are the main causes of early adult death in the region, both being possible health complications of obesity. In comparison, the rates of type 2 diabetes in many Pacific communities are higher than those in European countries. Other health risks that may result from obesity include musculoskeletal disorders, some cancers (endometrial, breast, and colon), hypertension, dyslipidaemia, ischaemic stroke, sleep apnoea, degenerative joint disease (such as arthritis), gallstones and problems in fertility.

More than being a sickness of the "elite", extreme largeness is no longer confined to just a few people. A World Bank analysis reports that management of non-communicable diseases such as diabetes, heart disease and hypertension accounts for around half of all health care expenses in certain Pacific countries. When the workforce becomes ill due to obesity-related injury and illness, financial burdens imposes itself on the community.

Double jeopardy

Obesity often coexists with undernutrition in the Pacific. Globally, at least 20 million children under the age of 5 years are overweight. Within the Pacific region, 2 to 23 percent of children under 5 years old may have mild to moderate undernutrition while 2 to 30 percent of children could be considered overweight or obese. Insufficient pre-natal, infant and young child nutrition followed by exposure to high-fat, energy-dense, micronutrient-poor foods and lack of physical activity connects the line from undernutrition to obesity—both visible effects of malnutrition. As a result of inadequate nutrition in pregnancy and childhood, the development of severe forms of non-communicable disease may appear early in adulthood. Low- and middle-income countries are the ones severely affected by these conditions, dealing with the problems of infectious disease and undernutrition while simultaneously experiencing chronic disease risk factors such as obesity and overweight. And like an evil paradox, it is not rare to find undernutrition and obesity existing side-by-side within the same country, community or even within the same household.

Obviously, there is a need to strike a balance between energy expenditure and healthy weight. Programs such as the WHO Global Strategy on Diet, Physical Activity and Health aim to deliver these changes. Adopted by the World Health Assembly in 2004, it describes the actions needed to support the adoption of nutritional diets and regular physical activity. These include limiting energy intake from total fats and shifting fat consumption away from saturated fats to unsaturated fats while increasing consumption of fruit and vegetables, as well as legumes, whole grains and nuts. Increasing physical activity is also vital, even more if weight control is necessary.

More importantly, creating awareness in the public mind is essential. These can be executed thru programs that address the social, economic and environmental influences that promote appropriate lifestyle changes and healthy behavior. Improved health care services, disease monitoring and surveillance can also achieve positive results in combating the spread of obesity among Pacific Islanders.

How fat is too fat?

Overweight and obesity are defined simply as abnormal or excessive fat accumulation. The scientific way to accurately measure this is by finding out the body mass index (BMI), which is the weight in kilograms divided by the square of the height in meters (kg/m2). The WHO defines "overweight" as a BMI equal to or more than 25, and "obesity" as a BMI equal to or more than 30. A person gains mass when there is an energy imbalance between calories consumed and calories expended. As a result the body grows in proportion—becomes fat—and develops health complications. Sadly, even with present medical standards, obesity is still not fully recognized as a disease by some members of the medical profession.

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Graphics by RJ Ilusorio

Drop of life

by Ross Mayor

Water is an important non-food element in the nutrition equation.

A person can live without food for three weeks, but only three days without water.

Water is vital to the metabolic process, aiding in the digestion, absorption, and transportation of nutrients in the body. The recommended daily water intake is eight glasses of water or about two liters. This, however, is just the minimum. Depending on the activity, location, and temperature in the area, a person may actually need more than that.

Unfortunately, water scarcity affects four in ten people and the World Health Organization predicts that the number of affected people may rise given the growing global population.

While much of the earth is surrounded with water, only three percent are considered freshwater; the rest are too saline for human consumption.

Agricultural demand for water

There are varied factors for the depletion of water sources, including climate change and environmental degradation, but a major culprit was agriculture. With about 70 percent of the world's water supply consumed by the agriculture sector, it is easy to see why. In the Asia-Pacific region alone, 81.3 percent of freshwater is utilized for agricultural purposes.

While potable drinking water is a key element in nutrition, the paradox is that huge amount of it is required by the agricultural industry to produce food items.

Increased agricultural output has been at the forefront of the global fight against food insecurity. As the demand for food rises, so is the demand for water needed to produce these items. While the daily water requirement for each individual is just about two to four liters, the amount of water needed to produce a person's daily food requirement ranges from 2,000 to 5,000 liters.

The solution to this problem is not to limit agricultural output, but rather the adoption of sustainable farming practices, as well as a change in food consumption pattern.

When it comes to food consumption pattern, there is a global shift to a meat-based diet, which means more water is needed to produce meat product. As a comparison, producing a kilo of wheat requires about 1000 liters of water. A kilo of meat, on the other hand, requires five to ten times more water to produce.

The next conflict point?

In Tajikistan, people in the town of Taboshar are leaving the community due to acute water shortage, with the local water agency hardly able to meet even just 15 percent of the town's water needs.

There are two conflicting views on whether water may be the next flash points for geo-political conflicts. The US Central Intelligence Agency is but one of the groups predicting that this might very well be the case; after all, the UNESCO said that one-third of 262 international river basins are shared by two or more countries.

In the Middle East, five countries are sharing the Jordan River basin: Israel, Palestine, Jordan, Lebanon, and Syria. In 2001, tension erupted between Lebanon and Israel when the former attempted to build a pipeline on the Wassani River, which contributes 150 cubic meter of water to the Jordan River. Only the timely intervention of the international community prevented the tension from escalating.

Although there is no major war fought over the control of a water source, there have been periodic clashes, which tend to be localized. In 2000, Chinese police and farmers in Shandong province clashed over the planned diversion of irrigation water to cities and industries.

The other view is more circumspect; water is so vital that nations would benefit more from cooperation in the management of a water source, rather than fighting a war for its absolute control.

Prof. Asit Bikwas, a 2006 Stockholm Water Prize awardee, argued that the main issue is not really water scarcity but "bad water management." He is not alone in this assessment. In the book "Water, a shared responsibility," the UNESCO – World Water Assessment Programme, acknowledges that "the problem we face today is largely one of governance: equitably sharing this water while ensuring the sustainability of natural ecosystems. At this point in time, we have not yet achieved this balance."

Addressing the threat of a global water shortage does provide a glimmer of hope, with countries willing to sit down and come up with a compromise on how to better share a water source. However, it also highlights once more the vulnerability of the poor.

Indeed, when it comes to water allocation, the poor, as always, are left holding an empty jerry can.

Virtual water

One of the touted solution to the global water crisis is the concept of virtual water, or the amount of water needed to produce a particular agricultural or industrial product.

Prof. John Anthony Allan, originator of the concept, was the recipient of the 2008 Stockholm Water Prize.

Water management experts are optimistic that trade in virtual water, may help combat water scarcity in arid regions. The principle of virtual water trade holds that if a country exports a product requiring massive amount of water to produce, it is in essence, exporting water. The idea is that countries facing water shortage might benefit more from importing water-intensive products, rather than producing these items.

While the idea may provide a country with water security, it might also endanger a country's food security and sufficiency - a pillar in the global fight against malnutrition. There is also the risk that non-traditional food items may supplant an importing country's traditional food staple.

On an economic level, trading in virtual water may also lead to another trade imbalance between developed and developing countries.

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Graphics by RJ Ilusorio

The pangs of hidden hunger

Micronutrients deficiency is another indicator of poor nutritional status, and is one that cuts across economic class. Iodine deficiency, for instance, is a continuing problem even in the affluent European continent. A 2004 estimate showed that 20 percent of the global population at risk of iodine deficiency reside in the region.

According to Unicef, for every four persons in the planet, one is suffering from micronutrients deficiency. The health impacts of micronutrients deficiency are varied and can be quite staggering: blindness, mental retardation, and even death, particularly for anemic pregnant women.

Iron deficiency

The World Health Organization characterized iron deficiency as "the most common and widespread nutritional disorder in the world." Establishing the exact magnitude of the problem is hard, but since iron deficiency is closely tied to anemia, the global prevalence of iron deficiency anemia (IDA) is used as a proxy indicator.

IDA is a key indicator of a country's maternal and child health, and its prevalence reflects socio-economic disparity: in developing countries, 52 percent of pregnant women are affected with IDA, while the figure is down to 23 percent of pregnant women in developed countries.

While the general population is at risk, a new study published at the Pediatrics Journal showed that overweight children are more than twice as likely to have iron deficiency than children with normal body weight.

Iodine deficiency

A 1994 study showed that there was a drop of up to 13.5 points in the intelligent quotient of populations living in areas with severe iodine deficiency, as compared to the population of non-iodine deficient areas.

The land-locked region of Central Asia is particularly vulnerable to iodine deficiency due to its mountainous terrain. UNICEF nutrition specialist Arnold Timmer attributes the depletion of iodine in the region's soil to erosion and rainfall. The collapse of the Soviet Union, which used to supply the region with iodized salt, added to the problem.

A 2004 study in Uzbekistan showed that prevalence of goiter – an indicator of iodine deficiency – was 49.6 percent for children and 41.6 percent for adults. Kazakhstan, meanwhile, had a goiter prevalence of 56.5 percent.

Vitamin A deficiency (VAD)

An estimated 21 percent of children worldwide are Vitamin A-deficient, with the highest concentration located in Asia and Africa. On top of causing blindness, VAD also increases a child's susceptibility to malaria and diarrhea.

Food fortification and breastfeeding

The international community is responding to the problem with the adoption of two key strategies: the promotion of breastfeeding and food fortification. Breast milk contains all the essential nutrients needed for a baby's full development. However, there is still a low adoption of exclusive breastfeeding particularly in poor regions. With regards to food fortification, it is undeniably a cost-effective way of combating micronutrients deficiency. The Central Asian region's adoption of salt iodization program has effectively reduced, if not totally eliminated the prevalence of iodine deficiency.

Food fortification is indeed efficient, but policymakers must not make this the major cornerstone of their micronutrients program. Food manufacturers have jumped in on the fortification bandwagon, with the market for fortified foods expected to grow by an average of 10.1 percent between 2005 and 2012. While some of these manufacturers are really driven by a sense of responsibility, governments must still exercise some caution.

The Philippines, for instance, has a *Sangkap Pinoy* program where food fortified with micronutrients are given a seal. But here lies the problem: some of the products bearing the Sangkap Pinoy seal are junk foods. Another thing to be considered is economics. Even if fortified foods are readily available, do the people have the means to buy these items?

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Melamine Scare:

A wake-up call for a return to nutrition basics

by S.M. Mohamed Idris

In the wake of the melamine scare, there is an urgent need for consumers to be more vigilant than ever.

More than 800 million people, or about 13 percent of the global population, are classified as undernourished. The deficiency in essential nutrients is said to be the underlying cause of an estimated 3.5 million deaths each year, mostly in young children and pregnant women. Under-nutrition among pregnant women in developing countries is reported to lead to one out of six infants born with low birth weight.

In Malaysia, diabetes has reached very alarming proportions. In the first National Health and Morbidity Survey (NHMS) carried out in 1986, the prevalence of diabetes was 6.3 percent. Just ten years later this figure increased to 8.3 percent. Now, based on the latest NHMS III, conducted in 2006, diabetes prevalence has increased to 14.9 percent.

Diabetes Type II is strongly linked to high sugar consumption and obesity

Nutrition can be defined as the process of taking in the substances needed to nourish and support life and growth. Access to nutritious food is a key element in achieving a well-balanced nutrition. But as the world becomes more dependent on artificially processed food, balanced nutrition is compromised, resulting in chronic health problems. Worsening the problem is the addition of toxic chemicals on essential food products.

Tainted milk

The recent scandal where four children in China died following the consumption of baby formula milk contaminated with the toxic chemical known as melamine should serve as a wake-up call.

Melamine, used as an ingredient in the manufacture of some plastics and fertilizers, has found its way into food products such as infant formula and confectionaries. It is abhorrent that melamine has been deliberately added to milk to give the false impression of higher levels of protein than actually exists.

Authorities try to allay the fears of the public by announcing that the levels of melamine in certain foods are within "permissible levels". This term should be questioned. Melamine is a synthetic chemical. It does not occur naturally in food. Should permissible levels be set for substances that are not naturally occurring in food?

By law, there should be a zero tolerance for melamine, as well as other synthetic toxic chemicals in food, rather than waiting for all the evidence to come in, which might be too late – when harm has already been done.

There is the danger of the cumulative doses or ingestions that enhance the harm posed by such chemicals. Furthermore, the full effects of chemicals not meant for humans may not have been studied fully, and for over a sufficiently long period of time. It is not ethical to conduct such tests on people. In cases such as these, the **Precautionary Principle* should be applied and the consumption of this chemical should be fully avoided.

...should there be so many additives... that the information cannot even fit on a label...?

In the case of infants, breast milk is the safest and healthiest choice – fully for the first six months, and thereafter as a complement to solid foods right up to at least two years. Governments and the community as a whole would need to make a commitment to move in this direction and create a supportive environment.

Buyers beware

Overall, the Consumer Association of Penang (CAP) believes that it is timely for people to move away from eating so much artificially-processed foods, and instead move towards natural healthy produce and home-cooked meals.

There are countless additives included in many of the highly-processed foods in the market. Foods are altered so far from their original state. We did not require all these artificial additives at one time. If really needed, there are numerous natural substances such as natural colours or flavours that can be used for food.

We do not see that it is possible for the public to take any realistic precautions themselves when it comes to products on the shelves as it is impossible for people to know which foods contain dangerous chemicals.

At the very least, food manufacturers should be required to list the common names of all additives, such as preservatives, coloring, flavors, flavor enhancers, anti-oxidants and conditioners, on the food labels and outer packaging - as opposed to using numerical or alphabet codes or merely using phrases such as "Permitted Coloring" or "Permitted Conditioners" under the ingredients list. Information on the concentrations of these additives should also be provided.

The excuse sometimes given is that there is not enough space on the food label. We ask - should there be so many additives in a product that the information cannot even fit on a label, and should this be permitted by the authorities?

In view of the rise of critical chronic diseases such as heart disease, diabetes, obesity and high blood pressure, the information on salt, sugar, saturated fats and trans fats should be listed on current food labels. These particular components should be separated out from the general "Nutrition facts" or "Nutritional Labelling" so that the public is not lulled into a false sense of security. Rather, the attention of consumers can be immediately drawn towards taking special note of these ingredients that are linked to adverse health outcomes.

In view of our country's alarming diabetic rates, which are only expected to worsen over the coming years, CAP believes that much more needs to be done, and with greater sense of urgency.

Firm action needs to be taken against the numerous sweets and confectionaries that have flooded the market. These products that are being marketed to children are not conducive to health.

They contain basically nothing more than sugar, coloring and other additives, which are not even labeled on the packaging. Children received no nutritional benefit from consuming these products.

Sugary soft drinks, either carbonated or non-carbonated, used to be more of a luxury in the past and they were consumed as a treat. Nowadays, these drinks are sold in abundance everywhere. Vending machines proffering these drinks are also found at many locations, including airports, hospitals and schools. It is also becoming increasingly common to see these drinks being offered in "jumbo" portions at various restaurants and food joints.

*Precautionary Principle

The European Commission Communication on the Precautionary Principle states that the principle "applies where scientific evidence is insufficient, inconclusive or uncertain and preliminary scientific evaluation indicates that there are reasonable grounds for concern that the potentially dangerous effects on the environment, human, animal or plant health may be inconsistent with the high level of protection chosen by the EU." There are different definitions of the principle, but to sum up, it implies that in the absence of a sound scientific proof that a new action or policy would not cause harm, there is a need to take precautionary measures to protect the public.

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Graphics from Consumer Association of Penang

nutrition Back to Basics

Among others, the Malaysia-based Consumers Association of Penang has been calling for the following:

To require manufacturers to amend their labels to clearly depict the amount of sugar in their food. To ensure that this information is understood by consumers, the sugar content could be shown graphically in terms of the number of teaspoons of sugar. (One teaspoon would be equivalent to 5g). The general guideline on sugar consumption is that it should be from zero to ten teaspoons a day. Ideally, Malaysians should be aiming for the lowest level of this "permissible" range. Some products, for instance a can of fizzy drink, can contain numerous teaspoons of sugar, which would result in sugar consumption almost reaching this maximum limit. With this improved labeling, consumers can instantly see the amount of sugar that they will be consuming and adjust their habits accordingly.

To institute "traffic light" labeling to further enhance consumer awareness. This scheme has been shown to be effective in enabling consumers to assess the significance of nutrient levels within a particular product, and also allows for comparison between products. This traffic light system could provide information not only on the level of sugar in food products, but also other key ingredients of concern such as saturated fats, trans fats and salt. Under this scheme, red, orange and green color coding would indicate whether the levels of these ingredients of concern are high, medium or low. The presence of the red, orange or green signals on food packaging would serve as an instant notice for consumers – even children or those with limited knowledge on how to read nutritional labelling would easily be able to comprehend these signals. It would also act as a prompt for manufacturers to reformulate healthier versions of their products.

To initiate the removal of vending machines dispensing junk food and sugary drinks from areas such as hospitals, airports and schools.

To halt the advertisement of highly-sugared and other junk food and drink during children's television viewing hours. Children need special protection against advertisements as they are susceptible to media pressure.

To encourage children to avoid sweet drinks in schools by providing drinking water in water dispensers around school premises. Sweet drinks should not be sold in school canteens so that children learn to select water as a first-choice drink.

To have a total ban on the sale of junk food in school canteens.

To ban food hawking within a fixed perimeter around schools so that schoolchildren are not tempted to purchase and consume unhealthy foods.

To require that supermarkets control the easy availability of sweets and other unhealthy foods at check-out counters where customers are stationary for a relatively long period. There is added temptation for impulse buying at this time, especially when pestered by children.

Parents to play their role in ensuring that highly-sugared products and sweets are not stocked in their homes.

In essence, an environment that is conducive for people to make healthy lifestyle choices and return to sound nutrition basics should be created. This is especially critical when it affects young children and teenagers. The methods in each country may differ - but the goal can be the same.

Nutrition Resource List

The Management of Nutrition in Major Emergencies, 2000.
The significant rise in the incidence of both natural and man-made emergencies has increased sickness and homelessness among the most affected populations. Consequently, this added to the burden of disease and created a greater demand on limited resources. This manual aims to "improve understanding of the nutritional implications of an emergency situation and of the need to include nutrition in plans for emergency preparedness." The book is available from World Health Organization.

Internet Tools

Nutrition—the Forgotten MDG
http://www.globalnutritionseries.org/

The Lancet's Series on Maternal and Child Undernutrition provides concrete evidence to support the expansion of nutrition-related programs. Published on January 16, 2008, the Series aims to increase awareness around maternal and child undernutrition and serve as a catalyst for national-level governments, NGOs and the international nutrition community to spur action and stimulate national interest, leadership, and commitment.

Nutrition Standards for Foods in Schools
http://books.nap.edu/catalog.php?record_id=11899

Provides reviews and recommendations about appropriate nutrition standards and guidance for the sale, content, and consumption of foods and beverages at school.

Essential Health Links Gateway
http://www.healthnet.org/essential-links

Connects users to over 700 health/medical websites selected by experts for their reliability, accuracy, and relevancy. Specifically designed for health professionals in low-income countries, the EHL Nutrition is the leading gateway of its kind, authoritatively identifying pertinent and valuable web sites on a variety of important topics in nutrition.

Nutrition Education in Primary Schools - A Planning Guide For Curriculum Development, 2007
http://www.fao.org/docrep/009/a0333e/a0333e00.htm

The tool was developed by the United Nations Food and Agriculture Organization (FAO) to help in educating school children in healthy nutrition as one of the most effective strategies for overcoming malnutrition and chronic diet-related diseases such as excess weight and obesity, diabetes, hypertension and cardiovascular diseases. It is a new and a wide range guide on teaching good eating habits to primary school children in an effort to reduce malnutrition and diet-related diseases. The Planning Guide contains the following: Vol. 1: The Reader; Vol. 2: The Activities; and The Classroom Curriculum Chart.

Source

Source is an international information support center providing free online access to 25,000 comprehensive references to information sources and organizations in the fields of international health and disability issues, with links to full text resources provided where possible. The focus is on grassroots information from developing countries, and subjects include HIV and AIDS, primary health care, poverty, disability and development, evaluation, training, health communication, and information management. Search Source at www.asksource.info

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